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Agnes: A Case Study of Aging and Independence

by

Stephanie Swanson

Creative component submitted to the graduate faculty

In partial fulfillment of the requirements for the degree of

MASTER OF FAMILY AND CONSUMER SCIENCES

Major: Gerontology

Program of Study Committee:

Dr. Jennifer Margrett, Major Professor

Dr. Megan Gilligan, Committee Member

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Executive Summary

In this case study, four important areas of adult development and aging were examined: past and current relationships with family members, a nutritional evaluation of an older adult, an evaluation of the home environment for aging in place, and finally an assessment of socioeconomic status. Below is a summary of findings. To protect anonymity, pseudonyms were used. In addition, potentially identifying information was either changed or omitted. Assessments were not conducted in a clinical setting and the described recommendations are presented for learning purposes only.

Agnes was born in the early 1940's and was the 4th born of 8 children. Agnes currently has no contact with her siblings. Agnes is twice divorced and was never able to have children of her own. Agnes has 1 friend she can call on for assistance. Based on the Lubben Social Network Scale (LSNS-6; Lubben et al, 2006) Agnes' lack of familial relationships places her at significant risk of social isolation.

Agnes' current BMI is 36.7 placing her in the obese category. Agnes reported on the Mini Nutritional Assessment (MNA) (Nestle Nutrition Institute) to eating 1 full meal a day. According to the DETERMINE checklist (National Council on Aging) Agnes reports eating most meals alone. Agnes reports taking more than 3 medications. Based on these factors Agnes is at significant risk for malnutrition.

Agnes home is currently accessible by navigating stairs at both entrances. Agnes' home is energy efficient with newer windows and stucco exterior. However, Agnes home has very few universal design features. For Agnes to successfully age in place, home modifications would be required.

Currently, Agnes' only monthly source of income is her Social Security benefit.

Agnes monthly living expenses including housing costs, insurance and food is approximately \$1,300. Agnes owns her own home and 1 vehicle with no other debts.

Agnes has an IRA with a balance of \$50,000 which precludes her from most needs-based programs. Based on Agnes' lower monthly income and moderate resources she is at high risk for economic deprivation.

Case Description

Agnes is a twice divorced woman in her 70's with no children and resides alone in a single-family dwelling. Although born into a rather large family with 7 siblings, Agnes currently has no contact with her siblings. Both parents deceased, Agnes has no familial relationships or interactions. Agnes fully retired from her two part-time janitorial jobs approximately 4 months ago which had previously provided social interaction for her as well as additional monthly income. Due to lack of close familial relationships and minimal friendships, Agnes is at significant risk for social isolation. Additionally, adequate choice of caregiver may become an issue due to lack of options.

Agnes recently retired due to a diverticulitis which prevented her from safely performing the strenuous activities required for her janitorial jobs. Agnes was advised by her doctor to reduce physically taxing activities. Additionally, she was advised to lose some weight prior to her scheduled diverticulitis surgery. Agnes current BMI is 37.6 which places her in the obese category. Agnes currently takes more than 3 medications per day prescribed for high blood pressure, acid reflux, and depression. She eats most meals alone, consuming 1 whole meal a day, placing her at significant risk for malnutrition.

Agnes lives alone in a home she owns which is accessible presently as she is able bodied. However, Agnes' goal is to age in place, home modifications would be needed for Agnes to

successfully age in place. Her home is energy efficient with newer windows and a stucco exterior. However, both entrances to her home require navigation of one or more stairs with no zero entry options. Agnes homebuilt in the early 1900's lacks handicapped accessible features such as large hallways and doorways that could accommodate a wheelchair or other assistive devices.

Agnes' socioeconomic status places her at significant risk for economic deprivation as she ages. Her only source of monthly income currently is her Social Security benefit of approximately \$1,200. When she was working her two janitorial jobs she was bringing in additional monthly income of \$1,500 which easily accommodated her monthly expenditures of approximately \$1,300. However, Agnes currently spends approximately 16% of her monthly income to purchase ingredients and supplies for baking pies. She generously gives pies to individuals within her community.

Agnes finds great pleasure in making pies for others as enjoys the reactions she receives from the recipients. Although generous, Agnes may need to consider reducing or eliminating this baking venture due to her recent significant decrease in monthly income. Agnes' current liquid resources, including a Roth IRA of \$50,000 as well as two certificates of deposits preclude her from most needs-based benefit programs at the present time. Agnes' potential future living arrangements in long-term care she may need to check into eligibility in the next several years.

Case Introduction—Familial Relationships

Agnes was born in the early 1940's and was the 4th born of 8 children. Agnes' parents Edward and Rosemary both graduated high school with Rosemary having the honor of being at the top of her graduating class. Edward was 6 years her senior and shortly after completing her education, Rosemary and Edward married and began building their family. The family moved to

an acreage when Agnes began grade school. The property consisted of a barn, a machine shed, a chicken coup, a workshop, and an outhouse.

The family tended to a ½ acre garden and orchard on the property which helped to feed the family. They also raised chickens, had a cow, a pig, and a horse. A working-class family, Agnes' father was a painter by trade including interior and exterior painting along with specializing in hanging wallpaper. Her mother Rosemary helped with the family business along with raising their 8 children. Edward worked late in life finally retiring from employment in his mid-80's while working as an employee for a home maintenance company while Rosemary retired from a government position at an earlier age. Both lived until their early nineties.

Agnes reports never having a close relationship with her mother Rosemary and never really understanding why. However, feels they had similar personalities and believes this was "not a good thing" for their mother-daughter relationship. Agnes states she doesn't remember her mother ever telling her she loved her or showing her affection. However, Agnes reports her mother had close relationships with her other siblings and observed her mother being affectionate with them. Rosemary was the matriarch of the family – she was the gospel. Agnes reports being estranged from her mother for a 6-month period prior to her mother's death. Their estrangement became so severe that at the time of Rosemary's illness, Agnes requested to come and visit her in the hospital to make peace and was told her mother indicated she did not have a daughter named Agnes. There was never any resolution or closure in their relationship.

Agnes recalls a close relationship with her father Edward. Agnes recalled helping her father weed the family garden, using a two-man saw to cut wood for their wood burning furnace, and a myriad of other outside chores. Agnes reports her father Edward had a drinking problem and although a functioning alcoholic Agnes believes her mother Rosemary bared the brunt of

caring for the 8 children while also dealing with Edward' drinking problem. Agnes recalls beginning work outside of the home at a very young age cleaning and babysitting. She recalls coming home with the \$2 she earned for a day of cleaning with the intention of giving it to her mother but if intercepted by her Dad he would take the money and purchase alcohol.

Agnes' 7 siblings consisted of 4 brothers and 3 sisters, with 2 older brothers and 1 older sister, along with 2 younger brothers and 2 younger sisters respectively. Agnes reports being closest with two of her older brothers Fred and Joe as well as being close with two of her younger sisters Lois and Mildred. Agnes was the first of her siblings to graduate high school and recalls her older brother Fred being extremely proud of her and purchasing her class ring and attending her graduation ceremony. Their relationship would become one of her closet sibling relationships. After learning of his wife's infidelity, Fred divorced and remained a bachelor. When his health began to fail, Agnes opened her home to him and his dog Carlos. Agnes and Fred lived together for a 3-year period until Fred's dementia became so severe Agnes could no longer care for him. Fred was placed in a long-term care facility specializing in dementia prior to his death. His death was extremely difficult for Agnes and she struggled with the loss of this close sibling relationship.

Agnes was also close with her sister Lois, reportedly being extremely close while growing up. Although a 10-year age difference, the sisters got along great. In adulthood, Agnes and Lois became estranged Agnes believes due to a rift with her a younger sister Mildred. Lois died just a few months prior to Fred's death with she and Agnes making peace with each other. Agnes believes the rift between her sister Mildred became the ultimate precipice of her eventual estrangement with most of her siblings. The rift between Agnes and Mildred arose while Agnes was going through her second divorce with husband Roger. While Mildred would attend

attorney meetings with Agnes with the facade of being supportive, Mildred would then go back and report the meetings to Agnes' spouse. Agnes believes Mildred felt sorry for Roger and eventually took him in. Agnes believes Mildred shared personal information to the other siblings although assuring Agnes she had not betrayed any confidences.

Agnes' relationships with her siblings would be certainly considered apathetic at a certain point in time due to minimal contact and a perceived lack of solidarity between them. However, over the years she describes their occasional contacts as hostile and now estranged. Agnes reports currently having no relationships with any of her remaining 5 siblings. However, she states several of them get together once a year to go camping on a family property. She recalls last attending one of the camping gatherings several years ago and states she will not go back due to the "lying and bad mouthing" that goes on during the family event.

Agnes married Harold while in her late teens, with Harold being 15+ years her senior. Harold had a daughter from a previous marriage who was several years younger than Agnes. She reports her marriage with Harold was a happy marriage until several years later when Harold became somewhat controlling, insecure and jealous. She did not understand the change and why it occurred. Agnes recalls while taking oil painting classes, she was to report via telephone to Harold throughout the class of her whereabouts and specific time she would be home. If she failed to do this he would become angry. She felt he treated her more like his daughter than a spouse. Agnes petitioned for divorce which was granted just shy of their 15-year anniversary of marriage.

Agnes remarried Roger a few years later. Roger had two daughters from a previous marriage with one living at home. Agnes reports getting along with the children. Agnes recalls while dating Roger for more than 4 years she recalls an incident of date rape. She recalls going

home because she wasn't feeling well, taking some aspirin and retiring to bed. When she awoke, she found Roger who had keys to her home, on top of her. Although encouraged by hospital staff to file formal assault charges against Roger she declined and later married Roger. She loved him and initially didn't feel like the incident warranted formal charges. Shortly after marriage she and Roger began sleeping in separate bedrooms and Roger stated he no longer wished to have intimate relations with her. She never understood why. They later divorced after a few years of marriage.

Raised in a devote Catholic family, Agnes and her siblings all attended Catholic school throughout their educational years. Agnes recalls when she began grade school she was terrified of the nuns due to their dark, black, robes so much so she would come home daily sobbing. Her mother and father ultimately placed her in public schools for her elementary grades until she was comfortable with the nuns. She returned to the Catholic school later where she remained until graduation from high school.

Catholicism was an important aspect of Agnes' upbringing. Her entire family was quite religious attending church services throughout her childhood. Agnes recalls doing janitorial work for the church at the rectory where she states she was sexually abused. She never told anyone of the sexual abuse until much later in life when a priest innocently began to embrace her, the abuse memories came flooding back. By the time she was able to file a formal complaint against the priest she found out he had died many years prior to her filing the claim. Catholic Charities has provided her counseling free of charge in connection with the sexual abuse. However, due to the high turn-over rate of the staff counselors, Agnes finds the counseling difficult and somewhat traumatic as she does not like telling the same story multiple times to different audiences.

Although desperately wanting children of her own, Agnes suffered several miscarriages and was ultimately advised by her physician she would never be able to carry a baby to full term. Agnes stated each miscarriage occurrence she was initially unaware she was pregnant until after suffering the miscarriage however recalls one pregnancy being advanced. During her marriage with Harold she suffered the majority of miscarriages with the last occurring during her marriage with Roger. She recalls never receiving any type of grief counseling after each miscarriage and no formal services for the child she carried to an advanced stage.

Literature Background

Often considered “the longest bond” sibling relationships are often relied on throughout life for love and support. In fact, sibling relationship tend to become stronger as one ages especially when there is a consensus on life issues (Connidis, 2010). The relationships with siblings can often be the first intimate relationship one experiences with a peer and can likely impact our perspective on family living (Connidis, 2010). Over 77% of older adults enjoy loyal sibling relationships with at least one sibling they consider to be a close friend (Connidis, 2010). A special friendship exists with siblings due to length of relationships and strength of bond. However, the importance of sibling relationships can vary with age and are dependent on each sibling’s health, degree of relatedness, and proximity (Cavanaugh & Blanchard-Fields, 2015). Proximity can be a significant factor of sibling relationships as it reflects the voluntary nature of the relationships in direct contrast to an apparent obligatory relationship between children or parents (Connidis, 2010). Geographic distance can hinder the closeness felt between siblings while in contrast living in close proximity enhances perceptions of a sibling being a close friend (Connidis, 2010). Individuals who come from families with many siblings are more likely to

have one sibling considered to be a close friend while less likely to perceive all their siblings as close friends (Connidis, 2010).

“Siblings influence each other’s thoughts, feelings, and actions even without being present” (Connidis, 2010). Sibling relationships are unique in the respect of its duration.

Siblings relationships are often the longest-lasting relationship we experience which provides for lifelong shared experiences (Connidis, 2010). An individual’s life satisfaction is strongly related to the quantity and quality of friendships throughout adulthood (Cavanaugh & Blanchard-Fields, 2015). Quality of life for individuals was once measured on health status alone and whether a disease(s) was present. With advances of determining actual quality of life is it now measured by evaluating not only physical health but social functioning, mental and emotional well-being (Drewnowski & Evans, 2001).

In the context of aging, Agnes is considered to be successfully aging as she is social and actively engaged in life, autonomy, has overall good health, as well as life satisfaction and contentment (Rowe & Kahn, 1997). However, relationships can be a subjective indicator of an older adult’s well-being (Moody & Sasser, 2051). The existence of relationships without consideration of the quality of the relationships does not indicate whether an individual is aging well (Moody & Sasser, 2015).

Having a close friendship can change functions in the brain (Cavanaugh & Blanchard-Fields, 2015). Siblings who are close during childhood tend to be throughout their adulthood closeness rarely develops into old age (Connidis, 2010). Close friendships allow for perceived feelings of safety when faced with adversity become more manageable (Cavanaugh & Blanchard-Fields, 2015). Although considered a dependent variable in sibling relationships, emotional closeness is likely to stimulate contact and confiding in one another (Connidis, 2010).

In later life, siblings become important confidants with an inclination to confide in a sister rather than a brother. (Connidis, 2010).

Whether it be family, friends or others, older adults need to develop relationships with individuals who help them in ways they want to be helped (Moody & Sasser, 2015). Regardless of age, human beings require intimacy and love throughout their life course regardless of the type of relationship (Moody & Sasser, 2015).

Assessment

The Lubben Social Network Scale (LSNS-6; Lubben et al, 2006) was utilized to assess social isolation by measuring the number and frequency of Agnes' social contacts with friend and family. Additionally, Lubben Social Network Scale assessment gauges Agnes' perceived support from available family or friends.

Findings

Agnes reports the following regarding frequency of contact and perceived social support with relatives:

| | |
|--|------|
| How many relatives do you see or hear from at least once a month? | NONE |
| How many relatives do you feel at ease with that you can talk about private matters? | NONE |
| How many relatives do you feel close to such that you could call on them for help? | NONE |

Agnes reports the following regarding frequency of contact and perceived social support with friends:

| | |
|---|-----|
| How many of your friends do you see or hear from at least once a month? | 5-8 |
| How many friends do you feel at ease with that you can talk to about private matters? | 1 |
| How many friends do you feel close to such that you could call on them for help? | 1 |

Scoring less than 12 on the LSNS indicates an individual being at-risk for social isolation (Lubben et al, 2006). With a score of 6, it would be presumable Agnes is at significant risk for social isolation. Agnes has more social support in the form of a close relationship than that of social support from family members.

Although there is a lack of family relationships Agnes does not seem bothered by this or make her feel as though there is something lacking in her in her life. She seems quite content with her life as is. However, Agnes can become quite lonesome at times due to the lack of relationships. Agnes keeps herself busy by doing for others. She bakes pie for anyone that will take them. Out of her own pocket, she purchases the baking supplies, spends hours, sometimes days baking the pies , and hand delivers them to her former employers, first responders, and local businesses. Her struggles with rejection from family relationships are momentarily forgotten when she feels the sense of appreciation for her kindness and thoughtfulness of others.

Agnes attends weekly mass services and is enjoying reconnecting with her religious side. Although taking a hiatus from the church she felt it was important to reconnect for her own salvation and well-being. She feels the strained relationships with her siblings are too far gone,

she is set in her ways, has received counseling regarding her relational difficulties and is content with her current family relationships.

Recommendation

Although Agnes states she has made peace with the lack of sibling relationships I recommend Agnes reaching out to at least one of her siblings by visiting him or her by phone or in person. I recommend starting a slow but steady reconnection with one of her siblings she feels best able to establish a trusting relationship with. However, if Agnes feels reestablishing a relationship with her siblings would cause her emotional harm I recommend she leave the situation as is for her own mental well-being. Due to Agnes' lack of spousal and child relationships there would be a heightened concern for her as she ages for caregiver resources. However, Agnes reports a close friendship with an individual who she feels she can confide in and call upon if assistance would be needed in the future. Due to the relationship there may be concern there also in that it is not a relative and Agnes could be taken advantage of.

Case Introduction—Nutritional Assessment

At the age of 75+, Agnes is arguably a very energetic go-getter, a busy bee if you will. However, Agnes is categorically considered to be at high risk regarding adequate nutritional intake due to living alone. Agnes has had some recent health issues including diverticulitis which ultimately led her to retiring from her two part time cleaning jobs. Agnes reports her doctors have advised her to make changes in her diet prior to her upcoming surgery for diverticulitis. Agnes reports her current height at [omitted] and weight of [omitted] resulting in a body mass index rating at 36.7. According to the Body Mass Index Chart (National Heart, Lung and Blood Institute, 2018) Agnes falls into the obese category.

Agnes states her blood pressure is elevated at times and she now sleeps with a sleep apnea machine. Agnes reports taking both prescription and non-prescription medication as well as dietary supplements. Prescription medications include 6 medications for treatments of acid reflux, blood pressure, water pill, depression and anxiety and to manage cholesterol levels. Dietary supplements taken daily include calcium, vitamin B12, iron and a Bayer aspirin for a blood thinner. Due to constipation issues she now takes the iron pill every other day per doctor's orders.

Agnes reports a regular intake of water, fruits, with protein such as fish or pork. Agnes reports trying to consume 8 tall glasses of water but usually drinks at least 5 glasses daily. Although not reporting any fruit intake during her 24-hour recall questionnaire she reportedly will eat apples, strawberries, blueberries, and grapes several times a week. She stated due to the citrus in oranges and grapefruit being hard on her stomach she steers away from those two fruits. Agnes' consumption of protein usually consists of fish (tilapia), shrimp, and pork with a concerted effort to steer away from red meat due to cholesterol levels. She reports when cooking her choice of protein, she chooses not to use olive oil or butter just the natural juices from the cooking process.

Due to an upset stomach and vomiting episode, Agnes has an aversion to milk and will only drink it occasionally, the same being with dairy products such as yogurt. For a snack of choice Agnes states partaking in homemade pies remain her guilty pleasure. Agnes reports not drinking any alcoholic beverages for the past two years. She also reports not drinking any soda pop for the last 7 years.

Agnes reported on the Mini Nutritional Assessment (Nestle Nutrition Institute) to eating 1 full meal a day. According to the Nutrition Screen Initiative, 1 in 5 adults skip meals daily

with only 13% consuming the recommended minimum amount of fruits and vegetables.

According to the DETERMINE checklist (National Council on Aging) Agnes reports eating most meals alone. Overall it appears Agnes tries to eat healthy although reports very little physical activity. However, she reports this will change as she has recently removed the television from her home as she found herself watching too much TV after retiring.

Literature Review

Good nutritional status is an essential aspect for well-being and functioning for older adults (Bernstein & Munoz, 2016). There are certain biological changes that happen as we age such as increased body fat, reduced muscle mass and lower muscle strength along with decreased bone density (Drewnowski & Evans, 2001). Nutritional needs are markedly changed as well due to the lower need for energy output which may explain why there is such a shift in proper nutrition (Drewnowski & Evans, 2001). Reduced intake of nutrients can often be associated with taste and smell changes as we age. However, one could argue the changes can also be associated with an increased level of cholecystokinin which is a satiety hormone. Multiple chronic conditions such as hypertension and diabetes and can affect functioning as well as poor health, eating habits and medications can affect the proper consumption of nutrients (Drewnowski & Evans, 2001).

Energy is a vital component to sustain the precise functioning of the human body such as respiration, circulation and to maintain the body's energy levels needed for physical work (Bernstein & Munoz, 2016). Water is an essential nutrient and vital for transportation of nutrients and waste throughout the body. However, as one ages there is a biological decline in both renal function and thirst so finding ways to maintain enough water intake can be challenging (Bernstein & Munoz, 2016). Increased fitness levels and proper nutrition can also

reduce the risk of diseases such as diabetes, obesity, coronary heart disease and some cancers. In determining nutritional status of an older adult, intake assessments along with blood work and body measurements are utilized to determine at what degree individuals are at nutritional risk and adjust as needed (Drewnowski & Evans, 2001).

Body mass index is an individual's weight in kilograms (kg) divided by their height in meters squared. There have been previous research studies conducted that found a correlation between multimorbidity and elevated BMI (Fabbri, et al, 2015). An initial finding of obesity was a significant indicator of higher incident of multiple chronic conditions than persons classified as normal weight or overweight. The study found that as we age our body systems begin to decline and older adults become more susceptible to disease and multiple chronic health problems (Fabbri, et al, 2015). Adults that have chronic condition happening at the same time have a higher risk of premature death, depression, multiple prescription drug intake, diminished quality of life, and loss of the ability to function physically. Obesity has been an established characteristic of chronic disease. Research of healthy body mass indexes (BMI) and effect on health outcomes as we age has not been fully developed (Fabbri, et al, 2015).

Fabbri et al (2015) found that older adults who were categorized as obese and subsequently begin losing weight have a greater incidence of multimorbidity. The BMI as an indicator for obesity risk and chronic conditions may be quick research parameter for physician and practitioners alike. However, a multitude of other factors such as family history of obesity, availability, affordability, and access to healthcare as well as overall mental health should be considered as variables (Fabbri, et al, 2015). When involuntary weight loss is detected in an older adult quick intervention is key to determine the cause as this could be a sign of chronic disease or conditions that requires prompt medical attention (Fabbri, et al, 2015).

Due to living longer, there is always the potential to develop multiple chronic health conditions or diseases that can affect our daily activities of living thereby affecting whether one can retain the ability to care for themselves. Quality of life for individuals was once measured on health status alone and whether a disease(s) was present. With advances of determining actual quality of life it is now measured by evaluating not only physical health but social functioning, mental and emotional well-being (Drewnowski & Evans, 2001).

Frailty can generally be defined as an individual in advanced age with multiple chronic health conditions that cause inability to defend against falls causing injury, disability, hospitalization or even death. There are several clinical signs and symptoms of frailty which include sarcopenia (loss of muscle mass), decrease in strength and endurance, low physical activity levels, decrease in balance as well as difficulty walking. Decline in multiple areas often affects the proper immune defense mechanisms to fight off other illnesses (Fried et al., 2001). Fried, et al (2001) set out to establish a frailty phenotype and hypothesized when specific health characteristics are present such as weight loss, malnutrition, musculoskeletal changes, and a decrease in overall physical activity identification was possible for the frailty syndrome as well as indicators for significant risk of adverse health outcomes associated with frailty.

Studies have shown that proper diet and nutrition along with exercise can delay or postpone disability onset and dysfunction which can be far more detrimental in measuring quality of life (Bernstein & Munoz, 2016). Recommended dietary intake for lowering cholesterol and blood pressure include fruit and vegetable consumption along with seafood, whole grains, nuts, low-fat dairy products, along with olive oil and canola oil (Bernstein & Munoz, 2016). Considered a contemporary approach for healthy eating following the Mediterranean Diet has been considered a heart healthy diet. Along with proper diet, physical

activity are fundamental components of weight loss promotion (Bernstein & Munoz, 2016).

Physical activity recommendations for overall cardiovascular health for older adults include 30 minutes a day, 5 days a week, for a total of 150 minutes a week with varying exercise levels recommended for lowering cholesterol and blood pressure (The American Heart Association)..

Developed as part of the Nutrition Screening Initiative, the “DETERMINE” Your Nutritional Health Checklist questionnaire was a project of the American Dietetic Association, the National Council on Aging and the American Academy of Family Physicians. The acronym stands for:

Disease

Eating Poorly

Tooth Loss/Mouth Pain

Economic Hardship

Reduced Social Contact

Multiple Medicines

Involuntary Weight Loss/Gain

Needs Assistance in Self- Care

Elder Years Above Age 80

The questionnaire includes questions and answers regarding nutritional status that can include warning signs of poor nutritional health which once could fail to recognize as being a factor of poor nutrition. Older adults who score a 6 or higher on the DETERMINE questionnaires are identified as being more likely to have poor nutritional intake and are at higher risk for malnutrition (Bernstein & Munoz, 2016). Although the DETERMINE checklist

identifies whether an older adult is at risk of poor nutritional intake it does not provide an in-depth assessment for nutritional status.

The Mini Nutritional Assessment (MNA) (Nestle Nutrition Institute) is a nutritional risk tool considered by many to be the most reliable tool to assess nutritional risk (Bernstein & Munoz, 2016). Specifically developed to screen for malnutrition in older adults, the MNA has become the most widely utilized screening test as well as the best validated test (American Academy for Family Physicians, 2014). Utilized by many health professionals including nurses, dietitians, and physicians to determine an individual's nutritional status while living in the community or just entering a care facility (Bernstein & Munoz, 2016). There is no biochemical testing required with the MNA which is one of the main advantages of utilizing the screening tool. The tool has the capability to differentiate older adults who have adequate nutritional status from those who are at risk of malnutrition, as well as distinguish those who are considered malnourished.

Assessments

An initial food intake questionnaire was administered documenting a typical daily food intake as well as common meals and beverages Agnes consumes during an average day. This provided insight as to what her current nutritional intake includes. The "DETERMINE" Your Nutritional Health Checklist questionnaire was utilized to assess Agnes' risk for poor nutritional health. The Mini Nutritional Assessment (MNA) was also completed as it is considered the most reliable tool to assess whether Agnes is at risk of malnutrition.

Findings

A food intake questionnaire was administered attempting to track the variety of foods Agnes ingests. She was asked what foods she would typically eat for breakfast, lunch, and dinner along with any snacks in between meals. She answered as follows:

Breakfast

- Coffee, 2 slices of toast (rye or whole wheat)
- OR microwavable oatmeal with fruit.
- Typical decaffeinated coffee consumption in the morning hours range from 5-6 cups a day maximum.
- Agnes reports sometimes drinking coffee only for breakfast.

Morning Snack

- Agnes reports only drinking a beverage for a snack and could include coffee, decaffeinated tea, or water.

Lunch

- Pouch of tuna on toasted rye or whole wheat bread (no side) with water or tea.

Afternoon Snack

- None

Dinner (alternating choice)

- Cobb Salad (typically with chicken, lettuce, hard-boiled egg, bacon, goat cheese, radish slices with squeezed lemon juice in place of dressing).
- Ground turkey patty (no bread)
- Tilapia with lemon flavoring

Evening Snack

- Will occasionally drink cold coffee but reports taking her night-time medication and retiring to bed.

Agnes was administered the DETERMINE questionnaires scoring right at a 6 which indicates she is at high nutritional risk. Based on the results she would be at an increased risk of adverse health conditions along with having an overall health status of fair or poor. She is encouraged to take the completed questionnaire to her next doctors visit for evaluation and help for improving her nutritional health.

The Mini-Nutritional Assessment (MNA) was administered with screening results showing Agnes to be within normal limitations regarding food intake changes, weight loss, mobility, psychological stress, acute disease and body mass index. However, when assessing for being at risk of malnutrition she was considered at high risk scoring above the at-risk scale.

Recommendation

I would recommend Agnes continue eating several of the foods she is currently consuming including fish, salads as well as continue working on her water intake. I would also recommend adding in additional fruits and vegetables and dairy products as tolerated. A third potential recommendation is that Agnes continue to increase her water intake with a consistent 8 glass of water per day. She is aware and is currently working on increasing her physical activity level since retiring. I would also recommend Agnes to begin a concerted effort to begin walking daily as a beginning step towards increasing her activity levels. By taking in recommendations for additional fruit, vegetable, and dairy intake along with increasing physical activity this could reduce Agnes' body mass index and allow for a healthy weight for her height.

| | Recommendation |
|-------------------|-----------------------|
| Fruit intake | Increase |
| Vegetable intake | Increase |
| Dairy | Increase |
| Water intake | Increase |
| Body Mass Index | Decrease |
| Physical activity | Increase |

Case Introduction—Aging in Place

Agnes lives alone in a home she owns. A small bungalow built in the early 1900's consisting of two-bedrooms and 1 full bath totaling 800+ square feet. The home's main living including the two bedrooms, full bath and kitchen facilities are all located on the main level. Agnes states her long-term desire is to remain in her home as she ages.

Literature Review

According to AARP (2008), close to 90% of older Americans have the desire to remain in their own home and surrounding community for as long as possible. Universal design, that is a living space designed for everyone, has been shown to increase the ability to remain living in the comfort of their own home allowing a more confident and active lifestyle (AARP, 2010). Developed by Ron Mace, universal design is a user-friendly design structure for the persons of all ages, persons with disabilities, or anyone who requires a mobility device to individuals to function at their maximum capacity (AARP, 2010).

Designers and architects adhere to seven specific principles to attain universal design goal which include unbiased use, flexibility of use, straight forward and intuitive use, perceptible

information, error tolerance, minimal physical effort with adequate size and space for approach and use (Golant, 2015). If included in the original design and drawings, the costs of implementing universal design features are not prohibitive in comparison to subsequent renovations (Golant, 2015). Even with a limited budget, making effective high priority changes to your home in direct correlation to your personal needs may provide the greatest outcome for both safety and usability of the home (AARP, 2010). The inclusionary philosophy of universal design identifies the importance of accommodating others who utilize a common space to make it accessible and enhances the ability to maintain social connections which are vital to health aging (AARP, 2010).

Researchers have argued older adults who age successfully are those who can adapt appropriately and cope effectively with adversity. If faced with undesirable housing circumstances they act by proactively engaging within their environment to make the needed changes in their surroundings (Golant, 2015). On the contrary, when older adults manipulate their thoughts or perceptions regarding their current living situations they could ultimately endanger their physical and psychological well-being (Golant, 2015). Statistics show 79% of all adults who live alone and are over the age of 65 are women (AARP, 2010).

Older adults often live at their same address for years, decades even and can therefore have few points of reference when evaluating their current dwelling (Golant, 2015). Individuals who have lived in their current abode for several years are less likely to make necessary changes or be open to home modifications due to sentimental value and to avoid an institutional feel (Golant, 2015). However, one could argue it is far less expensive to simply modify the space around you than to treat or repair one's body due to a fall or injury from their unsafe surrounding (Golant, 2015).

For adults age 65 and older, falls are the leading cause of death related to injury as well as the most typical cause of nonfatal injuries and hospital admissions (AARP, 2008). Nearly one-third of older adults experience a fall yearly in the United States (AARP, 2008). Typically, older adults who fall due to home environment hazards are those individuals who are more likely to perform home repairs, housework or gardening (Golant, 2015). Fall injuries for older adults occur both inside and near the home with the majority of 55% occurring within the home and 23% outside the home but within close proximity (AARP, 2008).

Life course events including socioeconomic situations, family history and gender affect where older adults live and with whom (Pope & Kang, 2010). An older adult may choose to move or relocate to living environment more supportive of declining health or the possibility thereof (Pope & Kang, 2010). Often relocation is precipitated by acute or chronic health conditions requiring hospitalization or institutionalization (Pope & Kang, 2010). Women, in comparison with men, are at higher risk of needing long term care. Less than 60% of men need assistance after the age of 65, whereas close to 80% of women will eventually need assistance after the age of 65 (Golant, 2015).

Assistive devices including walkers, canes, crutches, wheelchairs, prosthetics, communication aids, and specialized medical equipment have been shown to reduce mobility difficulties making one's home more accessible and allow for a feeling of independence and safety (Golant, 2015). Specifically, older adults who utilize assistive devices when needed have been shown to rely less for hands-on assistance from caregivers (Golant, 2015). Aging in place may be the goal for older adults but depending on the suitability of the surroundings a move to a more universally designed home may be the better alternative (AARP, 2010).

Assessment

The AARP Home Fit Guide, specifically the home livability evaluation checklist and home safety checklist (AARP, 2008), were used in assessing Agnes' current living situation. The AARP Guide to Revitalizing Your Home checklists includes an exterior checklist, interior features, lighting and electric, kitchen, living and dining room along with bed and bath checklists were utilized in evaluating Agnes' home for universal design features. Examples of universally designed exterior features include no-step entrance to the house through either a garage or back door of the house, level walkways, low maintenance exterior materials, easy-open deadbolt locks, a covered entryway, and handrails on both sides of the stairs (Bakker, 2010). Interior features include hallways at least 42 inches wide, windows that are easily opened, low maintenance non-slip flooring with a matte finish, securely attached grab bars in the bathroom areas, object in drawers and cabinets easily accessible as well as abundant lighting throughout (Bakker, 2010).

Findings

Agnes reports accessibility to her home to be sufficient at this time. To enter her home, Agnes has two options: a front entrance facing east with a total of 8 steps. She also has the option to enter her home using a door with a no- step entrance on the backside of the house. This side door is located on the south side of the home with zero entry initially but upon entry must navigate three stairs to enter the main living area. This south side entrance also allows access to the basement with only one handrail. However, reportedly if two handrails were placed the space would be too narrow to navigate. Agnes reports using the south side zero entry most often as she typically parks her vehicles on the north side. She utilizes a brick pathway through the backyard which leads her to the south side entrance.

The south side entrance is open to the elements and Agnes must navigate the three interior steps to the main living area. There is currently no ramp in place as it is not currently needed at this time. However, if a ramp was necessary in the future it could be placed on the east side or front of the home which is accessible to the driveway by adding onto the existing wood decking. The stairs leading into the home appear to be in good repair, clutter free, with handrails on both sides of the cement and wood steps. She reports having only 1 deadbolt on the south side exterior door.

Agnes states she has sufficient exterior lighting surrounding her property as she pays the city for a lighted pole in her back yard which illuminates the entire area at night. She reports also having a porch light in the front and sufficient lighting via landscape lights she placed on the small wooden deck on the east side. Although not illuminated there is a doorbell for visitors to ring although she states most visitors knock before entering. Agnes reports not having a peep hole as both exterior doors having glass areas where she can look out to view the visitor. She feels both interior and exterior lighting to be sufficient as well as having access to an abundance of electrical outlets in the living areas.

Agnes reports replacing the home's windows approximately 8 years ago and all are in good working order. The exterior of the home is stucco and reportedly stays cool in the summer months and warm during cold Iowa winters. The property has a detached single car garage but is deep enough to park two vehicles if necessary otherwise the space is used for storage. Agnes has low maintenance flowers on the front of the home with a large evergreen growing in the back yard which provides afternoon shade and a comfortable outdoor seating area when weather appropriate. For lawn maintenance during the summer months, a neighbor on the south side

mows her yard for a small fee. The neighbor provides snow removal for a small fee during the winter months.

Agnes reports the main living area flooring to mainly be hardwood throughout except for linoleum in both the kitchen and the full bathroom. She reports no worn or loose carpeting in the home however states using rag rugs which are heavier rugs that lay flat. She reports the homes thresholds from room to room are low enough she would not anticipate difficulty navigating if confined to a wheelchair. However, Agnes reports her doorways to be standard width for a home built in the early 1920's and confirms they are not the recommended width of 36-42 inches to meet universal design characteristics. Agnes states apart from her two entry-way doors having locking levers, all interior doors have standard knob handles.

Agnes states the full bathroom contains a shower/bathtub combination with no availability of zero entry. However, states a shower chair or stool could easily fit within the space of the tub. There are currently several grab bars in the bathroom area installed by Agnes' late brother Fred. There is currently no adjustable shower head however reportedly all faucets knobs are easy to use. Agnes reports using rubber backed bath mats to avoid risk of slipping. Agnes reports she is not sure if the hot water heater is set at 120 degrees or lower but states the water can get quite hot. She states the bathroom has adequate light with lighting above the vanity mirror as well as a second area above the shower/bathtub area. However, Agnes reports her bathroom not having a vent for moisture to escape which could increase the risk for falls. There is a second stool and shower in the basement, but neither are in working order, so they are not used at this time. Agnes' laundry facilities are in the basement/lower level of the home. She states even now this is an inconvenience. However, Agnes states she could eventually place a

stackable washer/dryer in an upstairs closet adjacent to the bathroom plumbing for main floor laundry access.

Agnes' kitchen area has good lighting with overhead lighting as well as lighting above the stove and sink task areas. She reports utilizing an anti-fatigue mat while cooking or baking. Flooring is a no-wax linoleum she reports not having any difficulties navigating. Agnes states she has older all wood kitchen cabinets that swell during the summer months and in general can often be difficult to open and shut. All cabinets extend to the ceiling so if accessing items from the top shelf, Agnes must utilize either a 2-stair step stool or a 5-stair step ladder. Reportedly while accessing the lower cabinetry using the 2-stair step stool is a necessity. She reports currently not having a fire extinguisher available in the kitchen area. All kitchen countertops are the same height with no seated work area available.

Overall, Agnes' home is quite livable as is with a few exceptions. Limitations of livability would depend on the degree of Agnes' physical constraints if any in the future. Agnes has a minimal number of stairs to access the main living area however this is an accessibility issue as there is no zero-entry into the home. However, most all necessities are located and available in the main living area.

Agnes' kitchen area may be of future concern due to accessibility issues, height of kitchen cabinets and use of stepstools. The bathroom area could eventually have accessibility issues due to apron on the bathtub although a shower seat could be placed for ease of use. There is a heightened concern for falls as Agnes utilizes step stools to retrieve items located in the tall cabinets in the kitchen area. Due to the year her home was built, Agnes' home meets only some features of universal design. An evaluation of Agnes' home and design features throughout that meet universal design are listed in Table 1 below.

Table 1.

Summary of Universal Design Findings

| Universal Design Features | Agnes' Home |
|---|---|
| No-step entrance to house through garage or back of house | Currently the two entrances into the home have steps. |
| Stairs in good repair | ✓ |
| Covered entryway | No covered entryway on the south side. |
| Good lighting along walkways and at entryway | ✓ |
| Lever style door handles | Agnes reports her two exterior doors to be lever handles; interior are all knobs. |
| Low maintenance exterior materials | ✓ |
| Hallways 42 inches wide | Agnes home was built in 1922 so this feature does not exist throughout her home. |
| Doors 36 inches wide | Agnes' home was built in 1922 so doorways range between 31"-32" in width |
| Windows easy open | ✓ |
| Nonslip flooring | ✓ |
| Handrails securely installed on both sides | ✓ Exception of the basement stair railing. |
| Abundant lighting throughout | ✓ |
| Large walk-in or wheel-in shower or transfer bench | Traditional bathtub/shower combination; however, a shower seat could be placed inside the tub area. |
| Sink usable in the seated position when necessary | Traditional countertop height with no seating areas. |
| Grab bars in the bathing areas | ✓ |
| No threshold or low, beveled threshold | ✓ |

Recommendations

I make the following recommendations regarding simple livability and safety enhancements

Agnes could make to her property to safely age in place:

- Install a covered area above the south side entrance for additional protection from the elements while entering her home.
- Install a handrail for the 3-stair south side entrance.
- Install deadbolt on the front side of the home to improve residential safety.
- Install lever style handles throughout the home for ease of access.
- In the kitchen area, keep necessary items in the lower cabinet areas to avoid using step stools or ladders to reduce risk of falls.
- Install a bathroom exhaust fan to allow for moisture control and lower risk of slippery surfaces in the bathroom area.
- Install a fire extinguisher and ensure it is always accessible in the kitchen and main living areas.
- Install a lighted doorbell for ease of knowing when a guest has arrived.
- Set the water heater at 120 degrees or lower to avoid the risk of scalding.
- Install anti-scald devices on the faucets and in the shower.
- Depending on cost a recommendation for further evaluation by an occupational therapist would be advised to identify ways to improve home safety and how modification needed would help compensate for any physical limitations Agnes may experience in the future.

Case Introduction—Socioeconomic Resources

Agnes reports her only source of monthly income as her Social Security retirement benefit. Reportedly when working her two part time cleaning jobs she was bringing home an additional \$1,500 in monthly income. However, the self-employment income of \$1,500 stopped in April. Agnes reports an annuity fund she draws \$4,000 from annually with a balance that exceeds \$50,000. Agnes states she has certificates of deposit that remain untouched. She reports no other retirement funds.

Although Agnes reports no outstanding mortgage payment and owning her home outright with approximate equity value of \$38,000, reportedly there is a lien by the state of Iowa due to nursing home costs incurred by her older brother Fred whom she placed on the deed to her home several years ago. She completed a quit claim deed to add her brother to her home so that if anything ever happened to her Fred would inherit her home with no difficulties. However, she did not anticipate his nursing home costs would be more than \$21,000 for his 6-month stay for which the state of Iowa placed a lien on the co-deeded home. She states this generosity backfired on her and now she'll be left with no home.

Agnes also reports she has one vehicle, a small truck in good working order she also owns outright. She reports no current outstanding debt as she does not utilize credit cards and states if she cannot afford to purchase an item she simply doesn't buy it. Agnes having no spouse, children, or siblings for support leaves her at greater risk of poverty. Due to her higher risk of economic deprivation, it is vital Agnes is aware of any programs and resources that may be available to her now and in the coming years as she desires to age in place.

Literature Review

Approximately 20 percent of women living alone fall below the federal poverty line and are classified as poor. (Clark et al, 2004). According to the Department of Health and Human Services (2018), the federal poverty guideline for a 1-person household is \$12,140 for the year 2018 with incremental increases of \$4,320 for each additional household member.

Table 1.

2018 Poverty Guidelines for the 48 Contiguous States and the District of Columbia (Department of Health & Human Services, 2018).

2018 POVERTY GUIDELINES FOR THE 48 CONTIGUOUS STATES AND THE DISTRICT OF COLUMBIA

| PERSONS IN FAMILY/HOUSEHOLD | POVERTY GUIDELINE |
|--|-------------------|
| For families/households with more than 8 persons, add \$4,320 for each additional person. | |
| 1 | \$12,140 |
| 2 | \$16,480 |
| 3 | \$20,780 |
| 4 | \$25,100 |
| 5 | \$29,420 |
| 6 | \$33,740 |
| 7 | \$38,060 |
| 8 | \$42,380 |

Individuals who have less education, who have had limited or meager earnings throughout their working years, and who live alone and will likely survive into their eighties or nineties, are at considerable risk for economic deprivation during their last several years of life.

(Clark et al, 2004). There is a significant difference of earnings over a lifetime with men earning more than woman each paycheck (U.S Department of Labor, 2015). One way to make up for the wage disparities among men and women is to continue to work later in life to increase lifetime earnings (U.S. Department of Labor, 2015).

Individuals deciding when to retire must consider several issues including compensation they would receive from continued employment or lack thereof, availability of additional retirement resources, health considerations as well as personal wealth (Clark et al, 2004). An employer offered health insurance can be a controlling factor in deciding whether to continue employment as Medicare eligibility begins at age 65 (Clark et al, 2004). The timing of taking Social Security can be critical when considering overall lifetime benefit. Mellody Hobson (Money, 2016), recommends delaying Social Security if possible to spread out income throughout retirement years. According to the Social Security Administration, for every year you delay filing for Social Security benefits past full retirement age you obtain 8% increase in the monthly benefit. This is known as delayed retirement credits and in 2017 equates to a 32 percent increase in an individual's monthly benefit (Social Security Administration, 2018). In 2011, women over the age of 65 received monthly Social Security benefits however the amount received was lower than that of men (U.S. Department of Labor, 2015).

Retirement years have increased in duration due to increasing life expectancy at older ages (Clark et al, 2004). Women tend to outlive their spouses for several years which presents socioeconomic challenges with risk for high poverty rates (Clark et al, 2004). Due to this potentially lengthy period of widowhood careful planning of income and resources throughout this period (Clark et al, 2004). There is an increased need for higher retirement savings for women than that of men due to the probability of longer retirement years (U.S. Department of

Labor, 2015). The United States has an alarming low savings rate of any major industrialized nation overall (Krepcio, 2007). One contributing factor for the lower savings could be employers have gone away from defined benefit plans due to the cost of federal regulations to administer the plans. However, switching to a defined contribution plan, meaning the employee must put away a portion of their wages for retirement, places much of the financial burden on the employee to contribute (Clark et al, 2004).

One major source of retirement investment for older adults is home equity. Most older adults perceive their home as one of their most prized possessions, their home offers a sense of comfort, security, privacy and independence more than just physical shelter (Wacker & Roberto, 2013). More than 69% of older adults live in a single-family home with a majority who own or rent with nearly two-thirds having no mortgage debt (Wacker & Roberto, 2013). Many older adults have lived in their homes for more than 30 years and although mortgage free they often have increased housing costs due to needed modifications and repairs (Wacker & Roberto, 2013).

There are low-income programs available to assist older adults with costs associated with heating and cooling their home and include the Department of Energy's Weatherization Assistance Program (WAP) and Low-Income Home Energy Assistance Program (LIHEAP) (Wacker & Roberto, 2013). The WAP program offer older adult's modifications to improve the overall energy efficiency in the home and increase the health and safety of residents by removing fire hazards and minimizing carbon monoxide emissions (Wacker & Roberto, 2013). The LIHEAP program offers residents assistance with heating and cooling costs for their homes (Wacker & Roberto, 2013). Income restriction for a one-person household is \$21,105 to qualify for assistance. However, there are no resource restrictions.

Older adults wishing to age in place may consider a home equity conversion mortgage program where they convert their equity into a line of credit to help pay living expenses, make needed home repairs and modifications or even cover health care costs (Wacker & Roberto, 2013). Older adult women with yearly income of less than \$20,000 are more likely to spend nearly half of their income on health care expenses (Clark et al, 2004). Programs available to help older adults with health care costs include both Medicare and Medicaid.

Individuals age 65 and older may be eligible for Medicare with coverages including both hospital and medical services regardless of the individual's health care conditions (Clark et al, 2004). However, Medicare is an 80/20 payor, meaning beneficiaries become liable for more than 20 percent of covered services for overall costs of Medicare covered services. (Clark et al, 2004). Extra Assistance for Medicare Part D subsidy include eligibility for individuals who have low income and resources for assistance in paying for the prescription drug coverage (Social Security Administration, 2018). Individuals with less than \$18,120 in yearly income, or 150% of the federal poverty level, along with combined savings, investments and real estate of less than \$14,100 may qualify for extra assistance in paying for the prescription drug costs (Social Security Administration, 2018).

Medicaid is health care program available to individuals with few resources and is a joint program utilizing both state and federal funding (Clark et al, 2004). According to the Iowa Department of Human Services (2018), financial limits for Medicaid eligibility in 2018 for a single individual is capped at \$2,250 per month and \$2,000 in resources or assets. However, there are exclusion to the countable resources including an owner-occupied home, personal belongings, and one vehicle (Iowa Department of Human Services, 2018). Individuals who exceed the specified monthly income limits may qualify under another program called Medically

Needy if their medical bills exceed monthly available income and resources are below \$10,000 (Iowa Department of Human Services, 2018). Medicaid is relied on for costs associated with nursing home placement especially for those individuals with little to no assets or resources (Iowa Department of Human Services, 2018).

Other needs-based programs offered through Iowa Department of Human Services include the food stamp program or SNAP with a benefits eligibility tool to determine an individual's eligibility. Older adults who are eligible for food stamps receive on average and additional \$108 to help with food costs with 250,000 grocery stores and farmer's markets who accept the SNAP program to pay for food;(National Council on Aging, 2018).

Additional food assistance programs include the Commodity Supplemental Food Program (CSFP) available for seniors age 60 years and over which is also administered by the Iowa Department of Human Services (Iowa Department of Human Services, 2018). Meals on Wheels is a national program with a community base that provides older adults nutritious meals delivered to their home for a small fee of \$5.00 per meal (Meals on Wheels). The meals are freshly prepared and delivered by local volunteers right to the individual's door with the hopes of mitigating hunger and social isolation (Meals on Wheels America).

Assessment

Developed by the Gerontology Institute at the University of Massachusetts Boston with Wider Opportunities for Women (WOW), the Elder Economic Security Standard Index or Elder Index (National Council on Aging) measures elder economic security by family type and size as well as specific location. The index provides income guidelines required for older adults or older adult couples 65 years or older living within the community what they need to meet their necessities without assistance from any private or public source (National Council on Aging).

The Elder Index measures an individual's minimum necessities for food, housing, health care and transportation. Additionally, The Elder Index also considers miscellaneous expenditures that may arise throughout the year and is specific to the size and location of a household (National Council on Aging). The income measurements utilized are conservative in nature as it excludes vacations, entertainment expenses, electronics, or dining out. Individuals who have income that falls below the yearly index of \$19,244 may often be faced with difficult decisions regarding living conditions, paying for prescription medications and being able to afford nutritious food (National Council on Aging).

Findings

Agnes currently receives approximately \$1,200 a month in Social Security retirement benefits. Prior to April 2018, Agnes had an additional \$1,500 of month in of self-employment income which allowed her to maintain her reported monthly and yearly donations and giving. As the year progresses, presumably Agnes may need to adjust expenditures to maintain her income to expense ratio.

Agnes reports her monthly expenses of approximately \$1,300 as follows which currently exceeds her monthly Social Security income by approximately \$100.:

Table 2.

Agnes' Monthly Living Expenses

| Living Expenses | Cost per Month |
|----------------------------|-----------------------|
| Food | \$175.00 |
| Gas & Electric | \$101.00 |
| Water/garbage | \$66.86 |
| Home insurance | \$65.08 |
| Property taxes | \$62.50 |
| Car Insurance | \$35.16 |
| Truck gas | \$40.00 |
| Medicare Part B | \$134.00 |
| Medicare Part D | \$70.70 |
| Medicare Supplement | \$187.08 |
| Care/cancer policy | \$24.41 |
| Clothing | \$50.00 |
| Newspaper | \$15.00 |
| Church/tithing | \$70.00 |
| Baking Supplies | \$200.00 |
| TOTAL | \$1,296.79 |

Although Table 2 shows average monthly expenses, Agnes reports paying some of her expenditures yearly. Reportedly, her home insurance, property taxes and car insurance are all paid annually. She reports having the annual expenses of tax preparation of \$160 as well. While

still performing her cleaning jobs and considered self-employed, Agnes was also subject to income taxes which she estimated at \$2,640 per year however paid this expense quarterly to spread it out over the year. Agnes reports unexpected costs that may arise throughout the year included plumbing repairs for her home (\$146 in 2018) as well as more costly repairs for her vehicle of \$500-\$1,000 depending on the needed repair. Agnes also has given generously to a local community organization,\$5,000 per year in addition to \$1,000 she puts toward her church building fund.

For older individuals living in the same community as Agnes, there are income guidelines established down to her specific county of residence for what income levels are needed to survive while providing their necessities. The Elder Index shown below (Table 3) indicates the amount of monthly income needed to meet necessity items such as food, clothing, shelter, healthcare and transportation expenses.

Table 3.

Elder Index

| Expenses/Monthly & Yearly Totals | Owner w/o Mortgage | Agnes |
|--|---------------------------|-----------------|
| Housing (utilities-water, G/E, taxes & insurance) | \$388 | \$295 |
| Food (groceries only) | \$256 | \$175 |
| Transportation | \$266 | \$75 |
| Health Care (Good) | \$425 | \$416.19 |
| Miscellaneous | \$267 | \$335 |
| Index Per Month | \$1,602 | \$1296 |
| Index Per Year | \$19,244 | \$15,552 |

Currently, Agnes' monthly expenses including necessity items such as food and housing listed in the chart above are currently below than the indicated guidelines for her to financially be capable of continuing to maintain her independence and reside in her own home. Unfortunately, Agnes' current investment resources preclude her from being eligible for most needs-based programs. However, at some point when Agnes' investment funds have been depleted, the need may arise where she will have to consider community resources available for her to maintain living independently within her community. Available needs-based benefit programs and resources which may be considered could include the following:

- **Healthcare Assistance and Resources**

- Medicaid—Long term care assistance
- Medicaid Waiver – Home and Community Based Services
- Medicare Savings Program (QMB – Medicare Part B premiums paid)
- Prescription Drug Assistance (Medicare Part D subsidy)
- Senior Health Insurance Information Program (SHIIP) – SHIIP counselors assist older adults with determining healthcare plan needs and assist with determining plans which are most cost effective.

- **Food Assistance Programs**

- SNAP (food stamps)
- Commodity Supplemental Food Program (CSFP)
- Meals on Wheels
- Self Help and Resource Exchange (SHARE)

- **Home Energy Assistance Program**

- Department of Energy's Weatherization Assistance Program (WAP)

- Low-Income Home Energy Assistance Program (LIHEAP)
 - Income maximums for 1-person household \$1,759
 - No resource considerations
- **Transportation Resources**
 - Transit System
 - Fares vary by service. Fixed route is \$1.50/adults and \$1.25/student and seniors
 - Paratransit door-to-door service is \$2.50 (scheduled) each way and \$3.50 (same day) each way.
 - Seniors monthly bus pass cost \$21.25
 - There are 6 fixed routes running from 7 a.m. – 6 p.m. running every half hour with no fixed route service on week-ends

Recommendations

I would recommend Agnes consider filing for any federal, state or local program available to her she may be eligible for now or in the future. Most needs-based programs look at both income and resources to determine eligibility criteria and while her current assets may preclude her from several programs for the time being, I encourage her to inquire. Agnes' inquiry will allow for her to rule out any possibility of eligibility and obtain a formal determination of lack of eligibility if so desired and obtain needed program information should she need assistance in the future.

Agnes could also contact her local Department of Human Services to inquire as to her eligibility for any food stamps or healthcare assistance she may currently qualify for. I also encourage her to check out the public transportation system available within her community if

the need should ever arise for transportation either due to mobility issues or lack of a reliable mode of transportation. I would recommend that she inquire during the coming winter months to see if she may qualify for heating assistance through her local Low-Income Home Energy Assistance Program as this could help with the cost of heating her home during cold Iowa winters.

Case Summary

Agnes is at significant risk for social isolation, malnutrition, and economic deprivation as she ages independently. Agnes lacks familial relationships and with few friendships has minimal social interactions which may contribute to feelings of isolation and loneliness. Continuing to attend weekly church meetings will allow for an opportunity for social outlet for Agnes. Additionally, participating at her local Senior Center may present social interactions with other individuals her own age as well as programs geared toward older adults. The Senior Center may provide informational resources and programs she may be eligible for in the future which over the next several years this may become more of a priority.

Agnes currently resides in a home she maintains mostly on her own as she is currently physically able. However, at some point in her future additional housing options such as home care or even long-term care may need to be considered if she becomes unable to perform daily activities of living on her own. Consideration of home-based community services, assisted living, and long-term care placement may become inevitable as she is no longer able to care for herself and has no family or friends to help care for her. In order for Agnes to qualify for health care assistance such as Medicaid she may have to prove spend down of her resources for eligibility consideration.

Agnes may qualify for some needs-based programs if income alone is considered but at some point when her resources have been depleted she could potentially qualify for a number of programs including Medicaid, Medicare Savings Program, Prescription drug assistance. With no close family members and a few close friends there would still be a heightened concern for someone to advocate on Agnes' behalf to ensure she is obtaining any need-based program assistance she may be eligible for.

Case Evaluation

Based on factors considered in Agnes' case study including lack of family relationships, nutritional status, aging in place, and socioeconomic concerns, Agnes remains at significant risk in the above areas as she ages. Lack of relationships may have a greater impact in later years when Agnes may no longer be able to care for herself. Although she feels she has one close friend to call on for assistance, this leaves very few options for sources of assistance. Although Agnes feels at peace with her lack of sibling relationships, the absence of close familial relationships may have a profound impact on her feelings of security as she ages. It may behoove her to reach out and re-establish a relationship with one or more of her siblings to provide for some type of possible relationships or closure if nothing else. However, if Agnes finds reaching out to her estranged siblings would be detrimental to her well-being it may be in her best interest to leave the relationships alone.

Agnes has worked throughout her adult life, working well past the typical retirement age which has certainly helped her financially in recent years. Additional earnings allowed her to continue to live a comfortable lifestyle with no mortgage payment and no debt. However, this income certainly helped her situation but only up to a certain point. Agnes is no longer working losing the additional monthly income placing her just above the federal poverty guidelines. Little

can be done at this point to modify her current financial situation regarding additional resources and due to her health situation continued wage income may not be in her best interest.

Agnes is aware of programs she may be eligible for and is mindful if any point she may need the assistance she will not hesitate to apply. She appears to remain open to programs available to her and does not view the assistance as dishonorable. The case study provided her awareness of needs-based programs and resources she may be eligible for now or in the future which may prevent her from experiencing undue hardships as she ages.

Case Synthesis

The strengths, weaknesses, opportunities, threats (SWOT) analysis is a technique used to evaluate internal and external factors affecting a project or case study. The SWOT analysis was created by Roger S. Humphrey (Stanford Research Institute) in which a method is used to evaluate strengths and opportunities while also identifying weakness and threats within a project or case study (Gürel & Emet, 2017). The following is a case synthesis of both the subject of the case study, Agnes and analysis of the case study conducted.

Strengths Weaknesses Opportunities and Threat Analysis (SWOT) Analysis - Agnes

Exhibit 1.

Strengths

- Agnes is an independent and self-sufficient older adult woman.
- She has overcome many of her life challenges and obstacles while still remaining positive.

Weaknesses

- Agnes does not feel the need to reach out to her siblings.
- Malnutrition is a concern due to living alone and eating most of her meals alone.

Opportunities

- Agnes still has time to reconnect with her siblings and repair the relationship if she so chooses to do so. This may not be in her best interest however if she considers the relationship to be toxic.

- Agnes can make needed modifications to her residence to insure she remains in her own home as she ages.

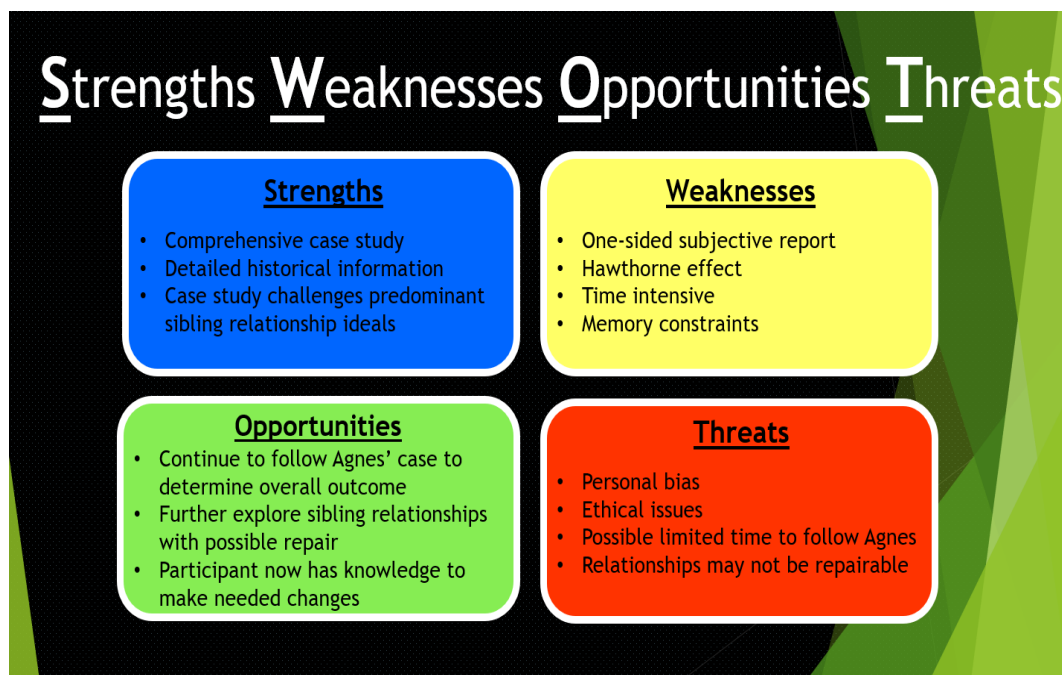
Threats

- Agnes socioeconomic status places her at significant risk for poverty as she ages.
- Lack of caregiver resources could be a concern for Agnes as she has no spouse and no children.

A second SWOT analysis was conducted in order to evaluate the synthesis of the case study as a whole. This SWOT analysis is presented below.

Strengths Weaknesses Opportunities and Threat Analysis (SWOT) Analysis – Case Study

Exhibit 2.



Strengths

- Comprehensive case study including a detailed family history.

- Case participant provided detailed information regarding life experiences, both positive and negative.
- Case study challenges predominant sibling relationship ideals in that Agnes has no current relationships with any of her siblings which prompts further investigation and evaluation.

Weaknesses

- One-sided subjective report.
 - Agnes reported only her side of family interactions placing most of the unfavorable light on other family members, her interpretation of happenings, and perceived outcomes based on those happenings.
- Hawthorne effect
 - Agnes may have improved her behaviors throughout the case study due to knowledge of being observed in the four indicated areas.
- Time intensive
 - Each case study visit lasted 1-2 hours compiling Agnes specific information.
 - For further, more in depth analysis, extensive time would be required.
- Memory constraints
 - Due to age of subject and the number of years passed between life events and memory retrieval could have impacted clarity of memories.

Opportunities

- Continue to follow Agnes' case to determine overall case outcome.
 - Does she re-establish any sibling relationships?
 - How does her living situation unfold?

- Is Agnes able to continue contact with others to prevent social isolation?
- Further explore sibling relationships after possible repair. Potentially contact siblings and explore their side of the relationship.
- Make needed changes in behavior, modifications to residence, and explore needs-based programs now to determine eligibility or future eligibility.

Threats

- Researcher/Participant bias
 - I knew Agnes prior to selection as a case study participant and although knew pieces of information, was always curious as to reason for lack of relationships as she seemed like such a thoughtful and caring woman.
 - Agnes may also feel participant bias in that she wants to please me and provide ‘correct’ answers to survey questions due to our friendly relationship prior to the case study.
- Ethical issues
 - As I am not a professional, obtaining such personal information from Agnes requires sensitivity to the information provided as well as keeping the compiled information on her case study confidential.
- Possible limited time to follow Agnes
 - Agnes is 77 years old so time to continue to study and follow her life course could be limited.
 - Both parents lived into their early 90s so longevity may play a role in continued observation.
- Relationships may not be repairable

- Agnes may be unwilling to reach out to her siblings due to the severity of the estrangement.
- If Agnes choses to reach out to one of her siblings, they may not be receptive to the contact which could further prevent any renewed relationship.

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